

MISSOURI MONTHLY VITAL STATISTICS

Provisional Statistics

From The



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Focus. . . Statewide Quality of Care Results from the 2000 Consumer's Guides to Managed Care in Missouri

The Department of Health (DOH) publishes the *Show Me Consumer's Guides* on managed care plans (HMO/POS) in the state. These guides' primary objective is to assist health care consumers in making informed choices regarding managed care through reports on the quality of care, access to care and member satisfaction. The guides also assist managed care plans in determining how they can improve their performance.

DOH uses nationally accepted indicators, following the technical guidelines published by the National Committee for Quality Assurance (NCQA).¹ Among other measures, NCQA employs the Health Plan Employer Data and Information Set (HEDIS®)*, a tool consisting of a set of standardized measures designed to allow for reliable comparisons of the performance of managed care organizations.

The data for this year's guide were presented in three separate Consumer's Guides for each payor line: commercial, Medicare (M+C) and Medicaid (MC+). Only managed care plans that filed performance data for the full reporting year were included in the guides. This article compares the quality of care measures (non-birth related) reported in the Consumer's Guides 2000 for U.S. versus state and for each payor type.

HEDIS® Quality Performance Measurements

For 2000, DOH expanded the number of HEDIS® indicators that managed care plans in Missouri were required to report. The measures show the percentages of continuously enrolled individuals that received the following preventive services.

1. Child Immunizations: children turning two years of

age during the reporting year receiving the recommended age appropriate immunizations for diphtheria, tetanus, whooping cough, polio, measles-mumps-rubella (MMR), flu, and hepatitis B.

2. Adolescent Immunizations: adolescents turning thirteen years of age during the reporting year receiving a measles, mumps and rubella booster and the hepatitis B series.
3. Beta-Blockers After Heart Attack: members (35 or older) who survived a heart attack and were prescribed beta-blocker medication.
4. Breast Cancer Screening: women (ages 52-62) having a mammogram during the measurement year or one year prior.
5. Comprehensive Diabetes Care: diabetics (ages 18-75) who, during measurement year, had
 - * Retinal Eye Exam: dilated eye exam performed
 - * HbA1c Testing: hemoglobin A1c tested at least once.
 - * HbA1c Control: HbA1c poorly controlled (> 9.5 percent)
 - * LDL-C Screening: lipid profile performed
 - * LDL-C Level: lipids controlled (LDL <130 mg/dL)
 - * Monitoring Nephropathy: kidney disease monitored
6. Antidepressant Medication Management: members (18 or older) diagnosed with a new episode of depression, treated with antidepressant medication and who
 - * Antidepressant Medication Follow-Up: had at least three follow-up practitioner visits.
 - * Effective Acute Phase Treatment: remained on medication during the entire 84-day Acute Treatment Phase.

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- * Effective Continuation Phase Treatment: remained on medication at least 180 days.
- 7. Cervical Cancer Screening: women (ages 21-64) receiving one or more Pap tests during the measurement year or two years prior.
- 8. Annual Dental Visit: members (ages 4-21) having at least one dental visit during the measurement year.

Commercial plans reported on measures one through six. Medicare plans reported the same set exclusive of the two immunization measures. The MC+ plans reported the two immunization measures, cervical cancer screening and annual dental visit. Rates discussed in this article are averages, within payor type, of all reporting Missouri or U.S. managed care plans.

* **HEDIS®** is a registered trademark of the Na-

Seventy-eight percent (78 percent) of Missouri plans' members who survived a heart attack were prescribed beta-blocker medication afterwards compared with 85 percent nationally.

The childhood immunization rate increased by five percentage points to 50 percent for Missouri's managed care plans. This is still much lower than the national average. Adolescent immunizations for the plans averaged a low 15 percent, half the national report.

Rates for diabetic eye exams to prevent blindness rose also (see Table 2). Missouri managed care plans referred 41 percent of diabetic members for eye exams, up considerably from 32 percent previously. Managed care plans, nationally, averaged 45 percent. Monitoring for kidney disease due to diabetes was low at 36 percent, matching the national average. Prevention of diabetic problems through hemoglobin A1C and lipid

Table 1 Average Percents for Six HEDIS® 2000 Measures

	Beta-Blockers After Heart Attack		Breast Cancer Screening		Cervical Cancer Screening		Childhood Immunization Status		Adolescent Immunization Status		Annual Dental Visit	
	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.
Commercial	78	85	72	73	--	--	50	64	15	30	--	--
Medicare (M+C)	87	87	76	72	--	--	--	--	--	--	--	--
MC+	--	--	--	--	54	--	44	--	16	----	31	--

-- indicates measure was not required or not available.

tional Committee for Quality Assurance. Commercial Managed Care Measures

Commercial managed care plans in Missouri, in general, have demonstrated sizable rate improvements on the repeated HEDIS® indicators over their 1998 data year performance.² However, these plans remain slightly below the national averages. Commercial managed care plans reported a state average of 72 percent of their women members who received breast cancer screenings (see Table 1), compared to 66 percent reported in last year's Consumer's Guide. Nationally, commercial managed care plans averaged 73 percent.³

level testing was higher at 74 percent and 65 percent, respectively, but control of these indicators' levels was low with rates of only 46 percent and 35 percent. Still, these rates closely followed the national pattern.

All three measures of Antidepressant Medication Management (Table 3) are new reports for the Consumer's Guides this year. The managed care plan average rates for members receiving effective antidepressant medication treatment during the acute and continuation phases were 57 percent and 40 percent, respectively. These were slightly lower than the national rates. The plans' rate for having at least three follow-up practitioner visits was only 18 percent, which

Table 2 Average Percents for HEDIS® 2000 Measures: Comprehensive Diabetes Care

	Retinal Eye Exam		HbA1c Testing		HbA1c Control		LDL-C Screening		LDL-C Level		Monitoring Nephropathy	
	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.
Commercial	41	45	74	75	46	45	65	69	35	37	36	36
Medicare	46	59	73	78	26	35	65	72	31	43	32	38

Table 3 Average Percents for HEDIS® 2000 Measures: Antidepressant Medication Management

	Antidepressant Medication Follow-Up		Effective Acute Phase Treatment		Effective Continuation Phase Treatment	
	MO	U.S.	MO	U.S.	MO	U.S.
Commercial	18	21	57	59	40	42
Medicare	14	13	55	55	38	39

was also lower than the national rate.

Medicare Managed Care Measures

For the indicators on beta-blocker and breast cancer screening after heart attack, the Missouri Medicare managed care plans were comparable to or better than the rates for Medicare Managed Care (M+C) plans across the country (see Table 1). Eighty-seven percent of heart attack survivors, on average, received beta-blocker medications and 76 percent of women in the Medicare plans had a mammogram. Note that last year 72 percent of women in M+C plans obtained a mammogram.

The state average rate of diabetic eye exams for M+C plans slipped three points this year to 46 percent, much lower than the U.S. rate of 59 percent (Table 2). Monitoring for kidney disease due to diabetes was low at 32 percent; the national average was 38 percent. Similar to commercial plans, hemoglobin A1C and lipid level testing had good M+C rates of 73 percent and 65 percent, respectively. Controlling hemoglobin A1C levels was very low with a state rate of just 26 percent. Missouri's M+C rates for the diabetes care measures fell far short of the national rates for the most part.

The Antidepressant Medication Management measures (Table 3) mirrored national M+C rates. Rates for effective antidepressant medication treatment during the acute and the continuation phases were 55 percent and 38 percent, respectively. Medication follow-up practitioner visits had a rate of 14 percent for the state's M+C plans. All were comparable to national rates.

Medicaid Managed Care Measures

No reportable national comparison rates exist yet for Medicaid HEDIS® managed care indicators. The Medicaid Managed Care (MC+) cervical cancer screening rate was 54 percent (see Table 1). This rate is up slightly from the 52 percent reported for the 1998 data year.

Childhood immunization rates improved markedly for

the MC+ plans, achieving an average rate of 44 percent compared to 25 percent previously. Adolescent immunizations, similar to the state commercial plan rate, averaged only 16 percent across these plans. The MC+ rate for annual dental visits was 31 percent.

Summary

The state rates presented in this article are averaged across the managed care plans within payor type. The results presented here suggest that many Missouri managed care plans, while improving, continue to fall short of their potential for providing quality preventive care services to a majority of their members. Missouri plans exhibited lower or similar results to U.S. rates for these quality of care measures.

The complete Consumer's Guide brochures are available for \$1.00 each (\$3.00 for booklets) from the Department of Health, Center for Health Information Management and Evaluation, P.O. Box 570, Jefferson City, MO 65102-0570. Telephone: 573/526-2812. Fax: 573/751-6280. The publication may also be printed or downloaded at no charge from the Department's Web site: www.health.state.mo.us

Footnotes:

¹ Information concerning the National Committee for Quality Assurance and HEDIS can be obtained on the Website of the National Committee for Quality Assurance at: www.ncqa.org.

² An article reporting quality of care rates from the 1999 Managed Care Consumers Guides appeared in the June, 2000 Focus.

³ NCQA national figures are taken from National Committee for Quality Assurance, QUALITY COMPASS™ 2000.

Provisional Vital Statistics for November 2000

Live births increased in November as 6,917 Missouri babies were born compared with 6,790 in November 1999. The monthly birth rate increased from 15.1 to 15.4 per 1,000 population. Cumulative births increased for January-November but decreases for the 12 months ending with November. For January-November, the birth rate increased from 13.9 to 14.0 per 1,000 population.

Deaths decreased for all three time periods shown below. For January-November deaths decreased slightly from 50,401 to 50,106.

The Natural increase in November was 2,932 (6,917 live births minus 3,985 deaths). For January-November the natural increase was 20,423 compared with 19,533 one year earlier.

Marriages decreased in November, but increased for the cumulative 11- and 12-month periods ending with November.

Dissolutions of marriage decreased in November, but increased for the cumulative 11- and 12-month periods ending with November.

Infant deaths decreased for all three time periods shown below. For January-November the infant death rate decreased from 7.8 to 7.2 per 1,000 live births.

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Item	November				Jan.-Nov. cumulative				12 months ending with November				
	Number		Rate*		Number		Rate*		Number		Rate*		
	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1998	1999	2000
LiveBirths	6,790	6,917	15.1	15.4	69,934	70,529	13.9	14.0	77,404	76,353	13.8	14.2	13.9
Deaths	4,668	3,985	10.4	8.9	50,401	50,106	10.0	10.0	54,726	54,660	10.0	10.0	9.9
Naturalincrease...	2,122	2,932	4.7	6.5	19,533	20,423	3.9	4.1	22,678	21,693	3.8	4.1	3.9
Marriages	2,894	2,718	6.4	6.0	41,509	41,673	8.3	8.3	44,207	44,533	8.0	8.1	8.1
Dissolutions	2,118	1,796	4.7	4.0	22,208	24,135	4.4	4.8	24,542	26,510	4.7	4.5	4.8
Infant deaths	60	31	8.8	4.5	543	507	7.8	7.2	593	552	7.9	7.7	7.2
Population base (in thousands)	...	...	5,468	5,500	...	...	5,468	5,500	...	...	5,436	5,466	5,498

* Rates for live births, deaths, natural increase, marriages and dissolutions are computed on the number per 1000 estimated population. The infant death rate is based on the number of infant deaths per 1000 live births. Rates are adjusted to account for varying lengths of monthly reporting periods.

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